


# Access to General Practice

Plymouth Health and Wellbeing Board

June 2021

## 1. Context

- 1.1. Devon's GPs practices have been working tirelessly over the last year, managing the pandemic response and delivery of the NHS COVID-19 vaccination programme.
  - 1.2. Over the last 12 months in Devon, Plymouth and Torbay there have been:
    - More than **4 million** face to face appointments in general practice over the last year
    - More than **2 million** telephone consultations
    - More than **500,000** online consultations
  - 1.3. While the number reduced last year, almost **60% of the appointments with GP practices are now face to face in the county.**
  - 1.4. General practice has quickly and successfully rolled out the COVID-19 vaccination campaign on top of increasing demand. Over 700,000 doses of the vaccine have been given by general practice locally, in just five months since the launch of the programme.
  - 1.5. Over recent months, the CCG has received anecdotal reports of patients struggling to access their GP, this has been reflected in the mainstream and social media.
  - 1.6. Emergency departments in the system have reported inappropriate presentations as services are restored, citing inability to access primary care services as the suspected driver of the increased activity.
  - 1.7. This briefing provides some context to the delivery of GP services across the CCG footprint, key output from our engagement work with the Virtual Voices Panel and recommendations for our next steps as a system.
- 

## 2. Current Access to General Practice

- 2.1. Devon has led the way nationally on embracing new technology and prior to the COVID-19 pandemic our GP practices were already well advanced in using online consultations (eConsult) and telephone triage.
- 2.2. Over a number of years GP practices in England have been moving towards introducing the additional option for online consultations as part of their access to the practice, in line with national guidance.
- 2.3. Transformative workstreams were already underway in primary care when the impact of the pandemic started to become clear. This meant that Devon's GP practices were already in a strong position to manage and respond to the challenges of working in a pandemic, such as access to online consultations and partnership working in developing Primary Care Networks.
- 2.4. Over the last year, all GP practices in Devon have offered online, telephone and video consultations as an initial triage step, only conducting face to face appointments where it was clinically necessary.
- 2.5. At the height of the pandemic, face to face appointments in GP practices in the NHS Devon CCG reduced to **52% in April 2020**, compared with **78% in October 2019**. The latest data for **March 2021 suggests this is now 59%, 8% higher than the national average for face to face appointments**.
- 2.6. On 13 May 2021, NHS England wrote<sup>1</sup> to GP practices across the country to advise that:
  - GP practices must all ensure they are offering face to face appointments.
  - Practices should respect preferences for face to face care unless there are good clinical reasons to the contrary.
  - All practice receptions should be open to patients, adhering to social distancing and infection prevention and control guidance.
  - Patients should be treated consistently regardless of mode of access.
  - Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback.

## 3. Devon Virtual Voices Panel – survey and focus group

- 3.1. We have the benefit of a Virtual Voices Panel – a virtual panel of 1,700 people from across Devon, Plymouth and Torbay, who provide representative views and feedback on NHS services and priorities.

---

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/05/B0497-GP-access-letter-May-2021-FINAL.pdf>

- 3.2. The representation has been established using [ACORN](#) classifications, which allows the segmentation of the population of Devon. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people, and recruiting the panel to these classifications, allows the panel to be representative of the population.
- 3.3. The Virtual Voices Panel is a great way of gauging views quickly, as a temperature check, from a representative group of people from right across Devon. The average response rate for other Panels in other CCG areas is 10-15%. With an average response rate of 12% from the Devon Panel, we are well above average with the response rate for this survey being 18% making the data we receive even stronger.
- 3.4. To test patient experience with respect to GP access we ran a temperature check with the Virtual Voices Panel, we wanted to understand:
- what local people's perceptions are of being able to get the medical help they need from their GP.
  - whether their perceptions influenced their decision making and what the impact might be on the wider NHS system.
  - what we can do to help people's understanding of how they can access their GP.
- 3.5. The survey was followed up with a virtual focus group for more detailed discussion with 7 members of the public and Healthwatch.

#### Headlines from the survey

- 75%\* (201) of people made an appointment during the last year.
- **75% (203) of people experienced no issues with getting a GP appointment** and they didn't need to use another service.
- **57% (138) of people who made an appointment found it either easy or very easy to book an appointment.** Only 13% (34) found it difficult (10%) or very difficult (3%).
- Most of the comments stated that GP practices have been excellent throughout the pandemic and provided a great service. Respondents felt they could access their GP if needed.
- **65% (44) of respondents were aware of changes to accessing GP practices**, and more people were aware of practices re-directing walk-in's and being able to phone their practice, than being able to consult with their practice online.
- **41% (100) of people reported that the appointment fully met their needs**, whilst 24% (60) people said it met some of their needs, but they wanted further support from either their GP or another service.



- **39% (95) of people had their appointment over the phone, 27% (66) met their GP face to face at the practice.**
- There were few specific examples of where peoples GP practice had not met their expectations and whilst some people stated they want GP services to return to normal and that they missed the human contact in a face to face appointment, this was not a dominant theme

*\*(percentages reflect that not all respondents answered every question)*

#### Headline themes from the focus group

- There was a range of experiences reported, but the majority felt the service they received was a good one, the majority who had tried to get a GP appointment over the last year had been able to and they reported a positive experience.
- People reported eConsult as a better way to access their GP practice appointments, reducing the pre-pandemic waiting times.
- People found online consultation was a good way to converse with GPs.
- Concerns were shared about people who were less comfortable with technology and the equity of access if moving towards a more digital approach.
- Concerns were raised about the impact of the pandemic on routine appointments (e.g. blood pressure, diabetes).
- People still wanted the option to physically speak to someone for reassurance for anything of concern.
- People reported being happy to book online (or via an app), if it meant they got the desired outcome (i.e. an appointment).
- Some reported receptionists as a barrier rather than a navigator through a system.
- People reported good experiences of other services, including 111 and joined up services getting patients to hospital when needed.

## 4. Healthwatch

4.1. Healthwatch Devon, Plymouth and Torbay submitted a report to the CCG's Quality Assurance Committee on patient experiences of GP services.

Evidence had been collated between 1 November 2020 – 31 March 2021.

4.2. The report found that while patients had reported concerns about GP access for a range of practices across Devon, these were generally one report per practice, apart from a few isolated cases.

4.3. Across all reports Healthwatch received, the main issues raised relating to access were:



- Contacting the practice by telephone/online services.
- Patient difficulties in using GP e-consult including triage.
- Poor/lack of communication between surgery and patient.

## 5. Feedback from local GPs

- 5.1. Local GPs have shared their feedback and experience of appointments and primary care attendances over the last few weeks.
- 5.2. Devon LMC has found that there is 14% increase in the number of contacts to general practice compared to pre-COVID levels. GPs also report an increase in non-urgent contacts to primary care, with an overwhelming volume of enquiries in relation to the COVID-19 vaccination programme, advice on foreign travel and seeking proof of vaccination status.
- 5.3. They also report an increase in contacts relating to very minor ailments, where patients are not accessing self-care advice and support from alternatives.

## 6. Mayflower Medical Group (MMG)

- 6.1. Access Health Care is a subsidiary of Devon Doctors Ltd (DDoc), a not for profit organisation. Access Health Care is currently commissioned by NHS Devon CCG to operate five Plymouth GP surgeries known as the Mayflower Medical Group. The surgeries are –
- Stirling Road Medical Centre
  - Ernesettle Medical Centre
  - Mount Gould Medical Centre
  - Trelawny GP Surgery
  - Mannamead Surgery
- 6.2. Healthwatch has conducted a review of access at Mayflower Medical Group and the report has been shared with the CCG. The CCG's primary care team and nursing team have reviewed the report with Healthwatch and are addressing the issues directly with the management team at Mayflower.
- 6.3. Several serious incidents have been flagged at Mayflower over the last 6 months. These have been identified through the complaints process and concerns that have been passed by local stakeholders. These are currently being reviewed by the nursing team.
- 6.4. The CCG's Primary Care and Quality Teams have been liaising with Mayflower (and CQC) during this period to monitor performance and seek assurances. This is being reviewed with Primary Care Commissioning Committee and Quality Assurance Committee.



6.5. MMG has evolved over the last four years and has stepped in to provide Primary Care Services where previous providers had resigned their contracts. It now provides Primary Care Services for 38,633 registered patients.

6.6. The current contract for the delivery of services to the Mayflower Medical Group patients comes to an end on the 1 April 2022.

## 7. Conclusion

7.1. The data and evidence available to us does not indicate that there is a systemic issue with GP access across Devon, Plymouth and Torbay.

7.2. Findings from the Virtual Voices Panel suggests that most people who needed to see a GP were able to and were happy with the service they received.

## 8. Next Steps

8.1. The CCG continues to support practices with communications on access to general practice and reassure local people face to face appointments are available and have been across the course of the pandemic when deemed clinically appropriate.

8.2. To support general practice, the CCG is developing a primary care communications campaign with three aims:

- Support general practice teams in Devon to manage increased levels of activity and demand management.
- Share facts and data about how services have been used and bust some of the myths and false perceptions e.g. that GP practices are closed.
- Educate people and support them to use the right local services for their needs.

## Recommendations

The Health and Wellbeing Board is recommended to –

1. Note the report;
2. Refer the issue of GP access to the Plymouth Health and Adult Social Care Overview and Scrutiny Committee as the statutory body responsible for the scrutiny of health services in the local authority area;



3. Request that the scrutiny committee consider a joint scrutiny approach with Torbay and Devon Local Authorities and make recommendations to relevant bodies. Such an approach should include, but not be limited to –
  - A review of the available primary care delivery models, to include national and international exemplars;
  - A review of the impact of the pandemic response to traditional models of Primary Care delivery;
  - The differing requirements of urban and rural communities;
  - A review of the impact of Primary Care Networks and the identification of where further development / support / funding may be required.

